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FILL OUT ALL BLANKS. PHYSICIANS should state CAUSE OF DEATH in full terms, that it may be properly classified. AGE should be stated EXACTLY. If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

Arizona Territorial Board of Health
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH 126

PLACE OF DEATH Graham
 COUNTY Graham
 DISTRICT Prima
 TOWNSHIP Fairview NO. 12 ST. LOCAL REGISTRAR'S NO. 76

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Walter Borne

PERSONAL AND STATISTICAL PARTICULARS.			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR or RACE <u>White</u> <small>White Indian Black Chinese Mexican</small>	MARRIAGE <u>SINGLE</u> <small>MARRIED WIDOWED OR DIVORCED</small>	DATE OF DEATH <u>Jan</u> <u>25</u> 191 <u>3</u> <small>(Month) (Day) (Year)</small>	
DATE OF BIRTH <u>Feb</u> <u>14</u> <u>1890</u> <small>(Month) (Day) (Year)</small>			I hereby certify, that I attended deceased from <u>Jan 11</u> 191 <u>3</u> to <u>Jan 25</u> 191 <u>3</u> ; that I last saw him alive on <u>Jan 25</u> 191 <u>3</u> and that death occurred on the date stated above at <u>7 PM</u> N. The DISEASE or INJURY causing Death was as follows: <u>Nephritis</u>	
AGE <u>22</u> yrs. <u>11</u> mos. <u>9</u> days <small>If less than 1 day hrs., or min.</small>			(Duration) <u>24</u> yrs. <u>15</u> mos. <u>15</u> days	
OCCUPATION (a) Trade, profession or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			Was disease contracted in Arizona? <u>yes</u>	
BIRTHPLACE (State or country) <u>Arizona</u>			If not, where? _____	
PARENTS	NAME OF FATHER <u>C. B. Borne</u>		CONTRIBUTORY <u>no</u>	
	BIRTHPLACE OF FATHER <u>Utah</u>		(Duration) _____ yrs. _____ mos. _____ days	
	MAIDEN NAME OF MOTHER <u>Nancy Rigg</u>		(Signed) <u>W. E. Platt</u> M. D.	
	BIRTHPLACE OF MOTHER <u>Utah</u>		(Address) <u>Safford Ariz</u>	
*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.				
LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona <u>22</u> yrs. _____ mos. _____ ds.				
Former or Usual Residence <u>Fairview</u>				
Filed <u>Feb. 5</u> 191 <u>3</u> <u>Mrs. W. D. French</u> Local Registrar				
Filed <u>2/8</u> 191 <u>3</u> <u>R. C. Wyden</u> County Registrar				
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) _____				
(Address) _____				
PLACE OF BURIAL OR REMOVAL			DATE OF BURIAL OR REMOVAL <u>1/26</u> 191 <u>3</u>	
UNDERTAKER			ADDRESS	